

Advising the Congress on Medicare issues

#### Medicare Advantage benchmarks

Scott Harrison October 8, 2015

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### Outline of presentation

- How Medicare benchmarks are set
- Policy issues
  - Benchmark caps
  - Double quality bonuses
  - Measuring average Medicare fee-for-service (FFS) spending

#### How Medicare benchmarks are set

- Process established in PPACA
  - Based on per-capita, risk-adjusted Medicare
    FFS spending
  - Counties divided into FFS spending quartiles (115%, 107.5%, 100%, and 95%)
  - Quartile value multiplied by FFS to get the benchmark
  - Quality bonuses of 5 percent of FFS spending
- Transition will be completed in 2017

### Benchmark caps

- County benchmarks are capped at the greater of the county's FFS spending and the county's 2010 benchmark increased by a national growth factor
- Caps apply even for benchmarks that include quality bonuses

### Benchmark caps, 2016

		Low FFS		-	High FFS
	All Quartiles	115 percent Quartile	107.5 percent Quartile	100 percent Quartile	95 percent Quartile
MA enrollees in bonus- capped counties	19%	31%	38%	19%	1%
MA enrollees in base- capped counties	6%	15%	12%	3%	0%
Average benchmark cap reduction (\$ per month)	40	42	46	33	18

Numbers are preliminary and subject to change. Source: CMS MA rate calculation data, 4/15; CMS plan enrollment data, 2/15



### Eliminate or limit benchmark caps

- Benchmark caps create inequities
  - Caps perpetuate outdated spending patterns
  - Results mostly in a cut to the quality bonuses for some counties
- One option for addressing the inequity would be to eliminate or limit the effect of the cap

### Double quality bonuses

- Three criteria to be a double quality bonus county
  - Received urban floor payment rates in 2004
  - Had a private plan penetration rate of at least 25 percent in 2009 (including cost plan enrollment), and
  - Has projected FFS spending lower than the national average FFS spending
- Dispersed around the country
- Inequitable rewards plans for geography rather than higher quality

# Effects of double quality bonuses, 2016

		Low FFS		<b></b>	High FFS
	All Quartiles	115 Percent Quartile	107.5 Percent Quartile	100 Percent Quartile	95 Percent Quartile
Double bonus counties	236	92	80	64	0
MA enrollees in high quality plans and double quality bonus counties	19%	37%	29%	25%	0%

Numbers are preliminary and subject to change. Source: CMS MA rate calculation data, 4/15; CMS plan enrollment data, 2/15



## Eliminate benchmark caps <u>and</u> double bonuses

- Benchmark caps reduce quality bonuses for some counties inequitably
- Double bonuses increase quality bonuses for some counties inequitably
- Elimination of both inequitable policies would simplify the MA payment system while improving the equity across counties

### Impacts of eliminating benchmark caps and double quality bonuses, 2016

		Low FFS		<b></b>	High FFS
	All Quartiles	115 Percent Quartile	107.5 Percent Quartile	100 Percent Quartile	95 Percent Quartile
Benchmark increases from eliminating caps (in \$millions)	821	315	394	110	2
Benchmark decreases from eliminating double quality bonuses (in \$millions)	-1,018	-349	-321	-347	0
Net change in benchmarks (in \$millions)	-197	-34	73	-237	2

Numbers are preliminary and subject to change. Source: CMS MA rate calculation data, 4/15; CMS plan enrollment data, 2/15



# Measuring county-level FFS spending for use in MA benchmarks

- CMS calculates average per capita FFS Part
  A and Part B spending for each county
- Calculation includes spending for beneficiaries in Part A or Part B
- MA enrollees must have both Part A and Part B
- Average Part A spending for beneficiaries with Part A <u>and</u> Part B higher than spending for beneficiaries with Part A only

#### FFS calculation concerns

- Nationally, in 2012, 9 percent of FFS beneficiaries have Part A, but not Part B
- In counties where 20 percent of FFS beneficiaries are Part A-only, FFS will likely be underestimated
- In counties where 3 percent of FFS beneficiaries are Part A-only, FFS will likely be overestimated
- Solution is complicated, more work needed

### Summary

- Benchmark system has several inequities
  - Benchmark caps
  - Double quality bonuses
  - Use of beneficiaries with Part A or Part B to measure FFS spending
- Caps and double bonuses could be handled together
- We can continue to examine potential for measuring FFS spending using data from beneficiaries with Part A and Part B